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**** CONTINUING DATA *******

This application is a CIP of 09/613,439 07/11/2000
 which is a DIV of 09/071,284 05/01/1998 PAT 6,162,192

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ******** 09/08/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	17	44	5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

DEPTH AND PUNCTURE CONTROL FOR SYSTEM FOR HEMOSTASIS OF BLOOD VESSEL

FILING FEE RECEIVED 704	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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